

Case Number:	CM15-0108820		
Date Assigned:	06/15/2015	Date of Injury:	11/26/2013
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male who sustained an industrial slip and fall injury on 11/26/2013. The injured worker was diagnosed with lumbosacral sprain/strain, lumbar degenerative disc disease, lumbar disc herniation without myelopathy and lumbar myalgia/myositis . Treatment to date has included diagnostic testing with last Electromyography (EMG)/Nerve Conduction Velocity (NCV) dated August 1, 2014, lumbar X-rays on January 26, 2015 and recent lumbar magnetic resonance imaging (MRI) on January 29, 2015, conservative measures, acupuncture therapy, physical therapy, lumbar cortisone injections and medications. According to the primary treating physician's progress report on April 13, 2015, the injured worker continues to experience pain and burning of the lower back with radiation to the left lower extremity with numbness. Examination demonstrated tenderness, decreased range of motion, decreased strength and sensory deficits. Current medications are listed as Ultracet and Flexeril. Treatment plan consists of continuing with medication regimen and the current request for a repeat bilateral lower extremity Electromyography (EMG)/Nerve Conduction Velocity (NCV).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repeat BLE EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. " EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). In this case, radiculopathy is already clinically obvious. In addition, there is no significant changes in the patient's condition suggestive of a new pathology. Therefore, the request for EMG/NCV study of the bilateral lower extremities is not medically necessary.